

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<div>For Official Use Only</div> <div>1 SEP 29 '00</div> <div>P-8</div> <div>OLMS/DOE/ESD</div>		1. FILE NUMBER	2. PERIOD COVERED		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:		
		0 0 8 — 4 4 8	MO DAY YEAR	From 0 7 0 1 1 9 9 9 Through 0 6 3 0 2 0 0 0			
<div><b>IMPORTANT</b></div> <div>Peel off the address label from the back of the package and place it here.</div> <div>If the label information is correct, leave Items 4 through 8 blank.</div> <div>If any of the label information is incorrect, complete Items 4 through 8.</div>							
4. AFFILIATION OR ORGANIZATION NAME United Brotherhood of Carpenters & Joiners of America			8. MAILING ADDRESS (Type or print in capital letters.)				
5. DESIGNATION (Local, Lodge, etc.) Local Union			First Name T e r r y				
6. DESIGNATION NUMBER #16			Last Name F a i r c l o u g h				
7. UNIT NAME (if any)			P.O. Box • Building and Room Number (if any)				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			Number and Street 2 1 1 W e s t L a w r e n c e				
			City S p r i n g f i e l d				
			State ZIP Code + 4 I L 6 2 7 0 4 -				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)							
Item Number							
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)							
76. SIGNED: <u>Benneth Rusey</u>		PRESIDENT		77. SIGNED: <u>Greg P. Mohr</u>		TREASURER	
9 1 2 2 1 0 0		(If other title, see instructions.)		9 1 2 5 1 0 0		(If other title, see instructions.)	
Date		Telephone Number		Date		Telephone Number	
(217) 899-5070				(217) 522-6079			

*During the Reporting Period Did Your Organization:*

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Have a political action committee (PAC) fund? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 1 7 2
19. What is the date of your organization's next regular election of officers? MO YEAR  
0 6 2 0 0 0
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 5 0 0 0 0
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 6 - \$27 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 60 - \$300
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) ☐ ☒
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 0 8 4 4 8

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
			Item	
<b>ASSETS</b>	25. Cash .....	1	1 1 0 5 8 3 3	1 3 4 2 8 6 6
	26. Accounts Receivable .....		2 9 2 5 2	4 0 6 4 7
	27. Loans Receivable .....		0	0
	28. U.S. Treasury Securities .....		0	0
	29. Investments .....	2	0	0
	30. Fixed Assets .....	5	3 6 2 2 7	4 8 6 9 2
	31. Other Assets .....	3	1 4 7 4 7	3 9 2
	32. TOTAL ASSETS .....		1 1 8 6 0 5 9	1 4 3 2 5 9 7
<b>LIABILITIES</b>	33. Accounts Payable .....	8	2 9 2 3	0
	34. Loans Payable .....		0	0
	35. Mortgages Payable .....		0	0
	36. Other Liabilities .....	4	2 6 9 6 4	3 2 4 0 6
	37. TOTAL LIABILITIES .....		2 9 8 8 7	3 2 4 0 6
	38. NET ASSETS (Item 32 less Item 37) .....		1 1 5 6 1 7 2	1 4 0 0 1 9 1

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 8 - 4 4 8

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			4 2 0 2 4 1	56. To Officers .....	9		1 3 0 3 9
40. Per Capita Tax .....			0	57. To Employees .....	10		3 0 4 8 3
41. Fees .....			3 4 8 3 0	58. Per Capita Tax .....			1 2 2 8 9 3
42. Fines .....			0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			0	60. Office & Administrative Expense ....	13		6 4 0 0 9
44. Work Permits .....			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies .....			0	62. Professional Fees .....			1 0 9 3 0
46. Interest .....			4 2 0 1 6	63. Benefits .....	11		2 8 7 0 9
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		2 5 3 8 2
48. Rents .....			0	65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6		0	66. Direct Taxes <small>Real Estate Taxes</small> .....			7 2 0 8
50. Loans Obtained .....	8		0	67. Withholding Taxes <small>Payroll Taxes</small> .....			2 2 3 0
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		2 3 3 3 5
52. On Behalf of Affiliates for Transmittal to Them .....			1 4 6 6 6 3	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		0
54. Other Receipts .....	14		3 0 0	71. To Affiliates of Funds Collected on Their Behalf .....			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements .....	15		7 8 8 0 1
55. TOTAL RECEIPTS .....			6 4 4 0 5 0	74. TOTAL DISBURSEMENTS .....			4 0 7 0 1 9

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 008-448

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>↑ Item 27 Column (A)</span> <span>↑ Item 69</span> <span>↑ Item 51</span> <span>↑ Item 75 with Explanation</span> <span>↑ Item 27 Column (B)</span> </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 008-448

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Prepaid Insurance	392
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	392
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Due to District Council	2,974.00
2. Accrued Real Estate Taxes	7,244.00
3. Other Accrued Expenses	1,230.00
4. Dues received in advance	20,958.00
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	32,406
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 008-448

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):	5,000		5,000	100,000
2. Totals from additional pages (if any)				
3. Buildings (give location): 211 West Lawrence	42,278	40,024	2,254	150,000
4. Totals from additional pages (if any) Improvements	110,391	91,560	18,831	50,000
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	101,374	78,767	22,607	25,000
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			48692	

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)


# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0






Enter the Total from Line 8 in ..... Item 49

# **SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 0 0 8 — 4 4 8

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Install sink and kitchenwork	2,180	2,180	2,180
2. Ice machine	1,827	1,827	1,827
3. Beer dispenser and bottle cooler	2,584	2,584	2,584
4. Sound system	3,861	3,861	3,861
5. Totals from additional pages (if any)	12,883	12,883	12,883
6. Totals of Lines 1 through 5	23,335	23,335	23,335
	7. Less Reinvestments		
	8. Net Purchases		2 3 3 3 5
Enter the Total from Line 8 in .....  Item 68			

# **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in .....  Item 34 Column (C) .....  Item 50 .....  Item 70 .....  Item 75 with Explanation .....  Item 34 Column (D)					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 0 8 - 4 4 8

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: KRUEGER First Name: KENNETH Title: PRESIDENT Status: C		0	1 0 3 0	0	0	1 0 3 0
Last Name: FAIRCLOUGH First Name: TERRY Title: FINANCIAL SECRETARY Status: C		0	1 1 3 0	1 2 7 8	0	2 4 0 8
Last Name: FAIRCLOUGH First Name: JR TERRY Title: WARDEN Status: C		0	5 1 0	8 6 6	0	1 3 7 6
Last Name: MOHR, JR First Name: GEORGE Title: TREASURER Status: C		0	1 0 3 0	0	0	1 0 3 0
Last Name: WAKE First Name: DONALD Title: TRUSTEE Status:		0	1 0 3 0	0	0	1 0 3 0
Last Name: CARLILE First Name: WILLIAM Title: TRUSTEE Status: C		0	1 0 3 0	0	0	1 0 3 0
Last Name: KRAUS First Name: WILLIAM Title: SUBSTITUTE Status: P		0	1 7 0	0	0	1 7 0
8. Totals from additional pages (if any)			2,680	2,285		4,965
9. Totals of Lines 1 through 8		0	8,610	4,429	0	13,039
				10. Less Deductions 0		
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements 1 3 0 3 9		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 008-448

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: K I N Z E Y      First Name: S A N D Y Position: S E C / B O O K K E E P E R Name of Affiliated Organization:	30483	0	0	0	30483
2. Last Name:      First Name: Position: Name of Affiliated Organization:					
3. Last Name:      First Name: Position: Name of Affiliated Organization:					
4. Last Name:      First Name: Position: Name of Affiliated Organization:					
5. Last Name:      First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	30,483	0	0	0	30,483
Enter the Total from Line 10 in..... Item 57 =>			9. Less Deductions 0		
			10. Net Disbursements 30483		

**SCHEDULE 11 — BENEFITS**

FILE NUMBER: 008-448

Description (A)	To Whom Paid (B)	Amount (C)
1. Death benefits	Union members and family	8,530
2. Pension welfare	Union members and family	20,179
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		28709
Enter the Total from Line 6		↑ Item 63


**SCHEDULE 12 —  
CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Pension member dues	4,416
2. Scholarships	3,500
3. Funeral flowers	1,301
4. Contributions	16,165
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	25382
Enter the Total from Line 8 in ↑ Item 64	


**SCHEDULE 13 —  
OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Printing & office supplies	11,677
2. Coffee room supplies	1,125
3. Utilities and phone	13,194
4. Advertising	36,431
5. Insurance	1,582
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	64009
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Miscellaneous	300
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 0 0
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Target program expenses	45,834
2. Conventions	2,545
3. Repairs & maintenance	13,872
4. Special functions	2,867
5. General other expenses	7,403
6. Political tickets	6,280
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 8 8 0 1
Enter the Total from Line 17 in .....  Item 73	

# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER:

008 — 448

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: K R A U S , J R First Name: W I L L I A M Title: T R U S T E E Status: C		0	8 6 0	0	0	8 6 0
2. Last Name: B U R N E T T First Name: J E F F Title: R E C O R D I N G S E C. Status: C		0	9 1 0	8 4 0	0	1 7 5 0
3. Last Name: D U N N First Name: P A U L Title: V I C E P R E S I D E N T Status: P		0	3 0 0	0	0	3 0 0
4. Last Name: K I L E Y First Name: D A V I D Title: V I C E P R E S I D E N T Status: C		0	6 1 0	8 6 5	0	1 4 7 5
5. Last Name: N O R R I S First Name: W I L L I A M Title: S U B S T I T U T E Status: C		0	0	5 8 0	0	5 8 0
6. Last Name: First Name: Title: Status:						
7. Last Name: First Name: Title: Status:						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		0	2,680	2,285	0	4,965
				10. Less Deductions		
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		


\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)








# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 8 1-4 4 8

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Awning	2,185	2,185	2,185
2. Office remodeling	4,079	4,079	4,079
3. UBC #16 sign	3,975	3,975	3,975
4. Replace stone on building	2,644	2,644	2,644
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	12,883	12,883	12,883
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in .....  Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in .....  Item 34 Column (C) .....  Item 50 .....  Item 70 .....  Item 75 with Explanation .....  Item 34 Column (D)					

